

10/10/2007

## UNITED STATES DISTRICT COURT FOR THE NORTHERN DISTRICT OF ILLINOIS

MICHAEL W. DOBBINS GLERK, U.S. DISTRICT COURT

## IN FORMA PAUPERIS APPLICATION AND FINANCIAL AFFIDAVIT

				TIMICIM	TARLIDATI			
ΔA	TT-1/4/4	Smith II						
	Plainti	ff						
		•	080	CV3563				
	v.		JU	DGF GOTT	Covi			
			MA	G. JUDGE	SCHALL			
			•	VODGE ,	KEYS			
<u> </u>	<u> ₩U5€</u>	un of Contemplay adams(s)  Eddie Salle	4-T	- <b>-</b>				
	Defe	ndant(s)	JUD	GE	<u>-</u>			
	りんりーニュ	= Edding Sallt	•					
Where	rver 🛭 is i	ncluded, please place an X into i	whichever box appl	ies. Wherever th	ne answer to any que	stion requires		
		n than the space that is provided,						
provid	le the addi	itional information. Please PRII	<b>V7</b> :		,	,		
[,	Nath	en SMITH III. ) in the above-enti-	, declare the	it I am the 🗷	blaintiff     petition	er Elatovant		
othei		) in the above-enti-	tled case. This aff	idavit constitu	tes my application	Effo proceed		
witho	ut full pro	epayment of fees, or leg in sup	port of my motion	for appointme	ent of counsel, or 🛭	Hoth. I also		
		m unable to pay the costs of						
		petition/motion/appeal. In su						
		tions under penalty of periur		••	11 ,	·		
	٠.		<b>-</b>					
i.	Are vo	ou currently incarcerated?	□Yes	<b>ബം</b> സ	f "No," go to Ques	etion 2)		
-	I.D. #	· ·	ame of prison or		. Itoj Bolo Que			
	-	u receive any payment from t			Monthly amount:			
	Doyo	a receive any payment from a	ne manadon: Li	103 garto 1	nonung amount			
2.	A re ve	ou currently employed?	□Yes	₽No				
٠.	_	aly salary or wages:	— U.G	١٩٥هم				
		and address of employer:						
	TAUTHE	and address of employer.	~					
		If the answer is "No":						
	a.		N= 3-01/07	~ ^ <del>\\</del>				
	Date of last employment: De 19-07							
~	Monthly salary or wages:							
	Name and address of last employer: Musem of Control							
	b.	Are you married?	□Yes	IZB40				
		Spouse's monthly salary or	wages:					
		Name and address of employ						
			/	7				
_								
3.		from your income stated abov						
	or any	one else living at the same i	residence receive	d more than \$	200 from any of t	he following		
	source	es? Mark an X in either "Yes'	or "No", and the	n check all bo	xes that apply in ea	ich category.		
	a.	Salary or wages			□Yes	□No		
	Amou	nt	Received by					

	b. ☐ Business, ☐ profession or ☐ other self-employment Amount Received by	□Yes	22110			
	c. ☐ Rent payments, ☐ interest or ☐ dividends  Amount Received by		/ANO			
2261~end	d. ☐ Pensions, ☐ social security, ☐ annuities, ☐ life insurar compensation, ☐ unemployment, ☐ welfare, ☐ alimony or manual ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐	aintenance or 🗇	child support			
	e. ☐ Gifts or ☐ inheritances Amount Received by	□Yes	ten\(\o)			
	f.   Any other sources (state source:  Amount Received by	) □Yes	UM6			
4.	Do you or anyone else living at the same residence have more that savings accounts?  Output  Description:  Total Relationship to you	d amount:				
5.	Do you or anyone else living at the same residence own any stoc financial instruments?  Property:  In whose name held:  Relationship to you	□Yes	<b>□</b> 9146			
6.	Do you or anyone else living at the same residence own any rescondominiums, cooperatives, two-flats, three-flats, etc.)?  Address of property:  Type of property:  In whose name held:  Amount of monthly mortgage or loan payments:  Name of person making payments:	al estate (houses □Yes	, apartments. □No			
7.	Do you or anyone else living at the same residence own any automobiles, boats, trailers, mobiles homes or other items of personal property with a current market value of more than \$1000?					
	Property:	u;				
8.	List the persons who are dependent on you for support, state your reindicate how much you contribute monthly to their support. If none,	elationship to eac , check here DN	h person and o dependents			

I declare under penalty of perjury that the above to 28 U.S.C. § 1915(e)(2)(A), the court shall callegation of poverty is untrue.  Date: 1411		ourt determines that my
I	(Print Name)	
NOTICE TO PRISONERS: A prisoner institutional officer or officers showing all rein the prisoner's prison or jail trust fund account covering a full six months before you have file in your own accountprepared by each institute periodand you must also have the Certificate	ceipts, expenditures and balances the ts. Because the law requires informated your lawsuit, you must attach a she tion where you have been in custod	ring the last six months ation as to such accounts set covering transactions by during that six-month
(Incarce	ERTIFICATE rated applicants only) y the institution of incarceration)	
I certify that the applicant named herein,		, has the sum of
\$on account to his/her credit		, , , , , , , , , , , , , , , , ,
I further certify that the applicant has the follocertify that during the past six months the app	wing securities to his/her credit:	
(Add all deposits from all sources and then di	- · ·	
DATE	SIGNATURE OF AUTHORI	ZED OFFICER

rev. 10/10/2007

(Print name)